Dr. Lisa Zimmermann MD 776 Shrewsbury Ave Suite 103 Tinton Falls NJ 07724

New Patient Intake & Questionnaire

Patient General Information

First Name:	Last Name:		DOB:	
Age:	Sex:		Marital Status:	
Address:				
City:	State:		Zip:	
Contact Information	,	1	•	
Home #:	Work:		Cell:	
Email:				
Previous/Referring Doctor:				
Emergency Contact:	P	hone:		
If Minor				
Parent/Guardian Name:				
Address:				
Home Phone:	Work:		Cell:	

Medical History (check all that apply):

Anemia	Diverticulosis	Liver/Hepatitis	Prostate Disorder
Anxiety	DVT/Blood Clots	Lyme Disease	Psychiatric
Arthritis	Epilepsy	Menstrual Disorder	Seizure Disorder
Asthma	Heart Attack/Failure	Migraines	Sleep Apnea
Autoimmunity	Heart Disease	Neurological	Stroke
Bleeding Disorder	High Blood Pressure	Neuropathy	Thyroid Disorder
Cancer	High Cholesterol	Osteoporosis	Vascular Issue
Diabetes	Kidney Disease	POTS	Kidney Disease

Bleeding Disorder	High Blood Pressure Neuropathy		Thyroid Disorder	
Cancer	High Cholesterol Osteoporosis		Vascular Issue	
Diabetes	Kidney Disease POTS		Kidney Disease	
Other:				
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Surgeries (include year	ir or age of surgery):			
Medications (please li	st prescribed and over	the counter medication	ıs):	
Prescription Name:	Dosage:	Reaso	Reason:	
Provide the second seco				
		t supplements & vitam		
Supplements/Vitamin	s (please list all curren	t supplements & vitam	ins)	
			ins)	
Supplements/Vitamin	s (please list all curren	t supplements & vitam	ins)	
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Allergies & Reac	tions to	Medica	tions:			
Drug Name:				Reaction/Co	omment:	
Food/Environme	ntal All	ergies &	Reactions:			
Food/Environme	ntal Sul	bstance		Reaction/Co	omment:	
Personal Health	Habits:					
Exercise Level:	Sedenta	ary M	loderate	High Very	High	
Alcohol Consum	otion:	Never	Occasional	ly Weekly	Daily	
Cigarette/Tobacc	o Use:	Never	Occasional	ly Weekly	Daily	
Recreational Drug Use: Never Occasionally Weekly Daily						
Sugar Consumption: Never Occasionally Weekly Daily						
Caffeine Consum	ption:	Never	Occasiona	ılly Weekly	Daily	
Family Medical I	History:	:				
Family Member	Age	Medica	al Condition	S		
	1	I				

Current Symptoms (please check all that apply currently):

Night Sweating	Energy	Cardiovascular	Neurologic
High Blood Pressure	Physical Fatigue	Chest Pain	Migraines/Headaches
High Blood Pressure	Mental Fatigue	Palpitations	
Temperature High Cholesterol Numbness/Tingling Night Sweating High Triglycerides Fainting Hot Flashes Racing Heart Seizures Excess Sweating Irregular Heartbeat Tremors/Twitching No Sweat Low Heart Rate Burning Pain Typically Feel Cool/Cold Ankle or Leg Swelling Difficulty Walking Typically Feel Cool/Cold Calf Pain Difficulty Walking Alternating Fever/Chills Cold Hands/Feet Memory/Concentration Cold Hands/Feet Respiratory Lightheadedness Wheezing Difficulty Breathing Musculoskeletal Difficulty Staying Asleep Shortness of Breath Joint Swelling Vivid Dreams/Nightmares Sleep Productive Cough Joint Swelling Sleep Paralysis Bloody Sputum Musculoskeletal Sleep Paralysis Bloody Sputum Muscle Pain/Aches Sleep Walking Snoring Body Heaviness Waking to Urinate Sleep Apnea Joint Stiffness Acid Reflux Loss of Smell Frequent Bone Fractures		=	_
Night Sweating	Temperature		_
Hot Flashes Excess Sweating Irregular Heartbeat Tremors/Twitching	=	High Triglycerides	
Excess Sweating			Seizures
	Excess Sweating	_	Tremors/Twitching
Typically Feel Warm/Hot Typically Feel Cool/Cold Alternating Fever/Chills Cold Hands/Feet Respiratory Difficulty Speaking Wheezing Difficulty Breathing Difficulty Falling Asleep Difficulty Staying Asleep Vivid Dreams/Nightmares Sleep Paralysis Sleep Walking Waking to Urinate Castrointestinal Acid Reflux Difficulty Swallowing Loss of Appetite Nausea/Vomiting Abdominal Pain Seasonal Allergies Bload in Stool Respiratory Wheezing Difficulty Breathing Shortness of Breath Productive Cough Joint Pain Joint Pain Joint Swelling Muscular Weakness Muscle Pain/Aches Sleep Apnea Joint Stiffness Muscle Cramping Weakness of Joints Frequent Bone Fractures Immunologic Frequent Infections Allergies Delayed Healing Dry Eyes Diarrhea Constipation Change in Bowel Pattern Blood in Stool Rectal Bleeding Hemorrhoids Decreased Hearing Difficulty Speaking Difficulty Speaking Memory/Concentration Lightheadedness Memory/Concentration Lightheadedness Memory/Concentration Lightheadedness Memory/Concentration Lightheadedness Musculoskeletal Joint Pain Joint	No Sweat	=	
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Cold Hands/Feet			
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Acid Reflux	Gastrointestinal	Ears/Eyes/Nose/Throat	
Difficulty Swallowing Loss of Appetite Sinus Pressure Nausea/Vomiting Abdominal Pain Seasonal Allergies Bloating Chemical Sensitivity Gas Diarrhea Constipation Change in Bowel Pattern Blood in Stool Rectal Bleeding Hemorrhoids Nasal Congestion Sinus Pressure Immunologic Frequent Infections Allergies Allergies Delayed Healing Dry Eyes Delayed Healing Dry Eyes Autoimmune Hematologic Ear Pain/Infections Easy Bruising Prolonged Bleeding Henorrhoids Decreased Hearing Enlarged Lymph Nodes	Acid Reflux		
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Nausea/VomitingNose BleedsFrequent InfectionsAbdominal PainSeasonal AllergiesAllergiesBloatingChemical SensitivityDelayed HealingGasSore ThroatDry EyesDiarrheaLoss of VoiceAutoimmuneConstipationSneezingChange in Bowel PatternThroat Lumps/NodulesHematologicBlood in StoolEar Pain/InfectionsEasy BruisingRectal BleedingRinging in EarsProlonged BleedingHemorrhoidsDecreased HearingEnlarged Lymph Nodes			Immunologic
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Bloating Chemical Sensitivity Delayed Healing Gas Sore Throat Dry Eyes Diarrhea Loss of Voice Autoimmune Constipation Sneezing Change in Bowel Pattern Throat Lumps/Nodules Blood in Stool Ear Pain/Infections Easy Bruising Rectal Bleeding Ringing in Ears Prolonged Bleeding Hemorrhoids Decreased Hearing Enlarged Lymph Nodes			
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Diarrhea Loss of Voice Autoimmune Constipation Sneezing Change in Bowel Pattern Throat Lumps/Nodules Blood in Stool Ear Pain/Infections Easy Bruising Rectal Bleeding Ringing in Ears Prolonged Bleeding Hemorrhoids Decreased Hearing Enlarged Lymph Nodes			
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Change in Bowel PatternThroat Lumps/NodulesHematologicBlood in StoolEar Pain/InfectionsEasy BruisingRectal BleedingRinging in EarsProlonged BleedingHemorrhoidsDecreased HearingEnlarged Lymph Nodes	Constipation		
Blood in StoolEar Pain/InfectionsEasy Bruising		_	Hematologic
Rectal Bleeding Ringing in Ears Prolonged Bleeding Hemorrhoids Decreased Hearing Enlarged Lymph Nodes		-	S
Hemorrhoids Decreased Hearing Enlarged Lymph Nodes	Rectal Bleeding	Ringing in Ears	•
	_		_
FOOD SENSITIVITIES VISION Changes Blood Clots	Food Sensitivities	Vision Changes	Blood Clots
Excessive Thirst Eye Pain	·		
Excessive Hunger Eye Floaters			
Blurry Vision		<u> </u>	
Sensitivity to Light			
Dry Eyes		• •	

Skin	Women's Health	Metabolism
Itching	Chance of Pregnancy	Difficulty Losing Weight
Rashes	Pelvic Pain	Difficulty Gaining Weight
Lyme "Bullseye"	Irregular Periods	Unexpected Weight Loss
Dry Skin	Painful Periods	
Brittle Nails	Cramping	Dental/Oral
Inflamed Skin	Breast Pain/Swelling	Root Canals
Acne	Breast Lump/Mass	Implants
Dermatitis	Nipple Discharge	Prone to Cavities
Hives	Facial Hair Growth	Strong Breath Odor
Ulcers	Vaginal Discharge	Gingivitis
Warts	Vaginal Itching	Bleeding Gums
Eczema	Vaginal Dryness	TMJ Pain
Psoriasis	Excess/Prolonged	Tooth/Jaw Pain
— Dandruff	Vaginal Bleeding	Loss of Taste
Cold Sores	Pain with Intercourse	
— Hair Loss	Clots in Blood	
Excess Hair Growth	Bleeding Post Menopau	se
Genitourinary	Psychiatric	Environmental
Frequent Urination	Depression	Lived in Water Damaged
Painful Urination	Anxiety	Building
Burning Urination	Hallucinations	Exposure to Chemicals
Blood in Urine	Mood Swings	Exposure to Pesticides
Urinary Leakage	Psychiatric Treatment	Tap Water as Primary Water
Difficulty Starting	Memory Loss	Heavy Exposure to EMF's
Urinary Stream	Confusion	
Difficulty Maintaining		
Urinary Stream		
Copious Urination		
Urinary Spasms/Urgency	/	
Cloudy Urine		
Difficulty Holding Urine	;	
, ,		
Men's Health		
Testicular Pain/Mass		
Erection Difficulty		
Prostate Issues		
Penile Discharge		

I have read all information and completed the I certify this information is true and correct to changes in the above information.	above answers. the best of my knowledge. I will notify this office of a	ny
Patient Name (printed): Patient Signature:		